



QUARTERLY STATEMENT

AS OF MARCH 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Insurance Company of Kentucky, Inc.

NAIC Group Code	01199	01199	NAIC Company Code	64467	Employer's ID Number	36-6069295
	(Current Period)	(Prior Period)				
Organized under the Laws of	Kentucky		State of Domicile or Port of Entry	Kentucky		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [X]		Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []		Vision Service Corporation []	Health Maintenance Organization []		
	Other []			Is HMO Federally Qualified? Yes [] No []		
Incorporated/Organized	03/27/1962		Commenced Business	08/31/1962		
Statutory Home Office	13551 Triton Park Blvd, Suite 1800			Louisville, KY, US 40223		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	8735 Henderson Road		Tampa, FL, US 33634	813-206-6200		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	P.O. Box 31391		Tampa, FL, US 33631-3391			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	8735 Henderson Road		Tampa, FL, US 33634	813-206-6200		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	www.wellcare.com					
Statutory Statement Contact	Mike Wasik		813-206-2725			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	michael.wasik@wellcare.com		813-675-2899			
	(E-Mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
William Andrew Jones	President	Michael Troy Meyer	Asst. Treasurer, VP and Chief Accounting Officer
Stephanie Ann Williams	CFO and Vice President	Tammy Lynn Meyer	Assistant Secretary and Vice President

OTHER OFFICERS

Goran Jankovic	Treasurer and Vice President	Michael Warren Haber	Secretary and Vice President
----------------	------------------------------	----------------------	------------------------------

DIRECTORS OR TRUSTEES

Andrew Lynn Asher	Michael Troy Meyer	William Andrew Jones
-------------------	--------------------	----------------------

State of

County of ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William Andrew Jones President	Michael Troy Meyer Asst. Treasurer, VP and Chief Accounting Officer	Stephanie Ann Williams CFO and Vice President
-----------------------------------	--	--

a. Is this an original filing? Yes [X] No []

- b. If no:
1. State the amendment number
 2. Date filed
 3. Number of pages attached

Subscribed and sworn to before me this
day of ,

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	292,306,754		292,306,754	274,633,290
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$226,263,981), cash equivalents (\$83,039,342) and short-term investments (\$91,494,223)	400,797,546		400,797,546	450,454,935
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities	1,377,002		1,377,002	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	694,481,302	0	694,481,302	725,088,224
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	3,892,807		3,892,807	3,306,545
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	40,101,531		40,101,531	23,596,010
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	6,953,423		6,953,423	1,488,685
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	12,409,625		12,409,625	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	3,324,710		3,324,710	3,661,931
18.1 Current federal and foreign income tax recoverable and interest thereon			0	946,534
18.2 Net deferred tax asset	4,417,873	334	4,417,539	3,278,174
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	28,970,475		28,970,475	3,267,228
24. Health care (\$41,102,254) and other amounts receivable	54,219,731	2,316,866	51,902,865	46,784,543
25. Aggregate write-ins for other-than-invested assets	1,942,753	1,925,042	17,711	85,919
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	850,714,230	4,242,242	846,471,988	811,503,793
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	850,714,230	4,242,242	846,471,988	811,503,793
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other non-admitted assets (prepaids)	731,901	731,901	0	0
2502. ASO prepayments	1,171,275	1,153,564	17,711	85,919
2503. Deposits with providers	39,577	39,577	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,942,753	1,925,042	17,711	85,919

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$25,937,694 reinsurance ceded).....	301,413,530		301,413,530	312,532,200
2. Accrued medical incentive pool and bonus amounts	7,144,554		7,144,554	7,851,964
3. Unpaid claims adjustment expenses	1,777,283		1,777,283	1,963,074
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	19,478,846		19,478,846	13,820,946
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	18,494,969		18,494,969	0
9. General expenses due or accrued	21,361,501		21,361,501	37,287,324
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	8,086,444		8,086,444	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable	2,408,962		2,408,962	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	17,565,690		17,565,690	34,794,718
16. Derivatives.....			0	0
17. Payable for securities	998,893		998,893	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	54,344,262		54,344,262	39,973,101
23. Aggregate write-ins for other liabilities (including \$ current)	352,994	0	352,994	330,972
24. Total liabilities (Lines 1 to 23).....	453,427,928	0	453,427,928	448,554,299
25. Aggregate write-ins for special surplus funds	XXX	XXX	13,113,000	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	137,298,516	137,298,516
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	240,132,544	223,150,978
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	393,044,060	362,949,494
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	846,471,988	811,503,793
DETAILS OF WRITE-INS				
2301. Unclaimed property payable.....	352,994		352,994	330,972
2302.			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	352,994	0	352,994	330,972
2501. Estimated ACA Industry Fee (following year).....	XXX	XXX	13,113,000	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	13,113,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,786,922	1,689,424	6,711,655
2. Net premium income (including \$ non-health premium income).....	XXX	759,687,727	747,956,541	3,025,063,757
3. Change in unearned premium reserves and reserve for rate credits	XXX	(4,110,350)	(75,910)	(1,663,993)
4. Fee-for-service (net of \$ medical expenses)	XXX		.0	.0
5. Risk revenue	XXX		.0	.0
6. Aggregate write-ins for other health care related revenues	XXX	.0	.0	.0
7. Aggregate write-ins for other non-health revenues	XXX	78,894	.0	.0
8. Total revenues (Lines 2 to 7)	XXX	755,656,271	747,880,631	3,023,399,764
Hospital and Medical:				
9. Hospital/medical benefits		368,370,418	371,926,197	1,466,477,025
10. Other professional services		58,193,451	50,758,239	215,757,865
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area		49,473,646	52,341,755	200,178,023
13. Prescription drugs		214,506,686	164,517,052	653,525,974
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		204,877	1,693,440	3,167,838
16. Subtotal (Lines 9 to 15) .....	.0	690,749,078	641,236,683	2,539,106,725
Less:				
17. Net reinsurance recoveries		37,607,336	(171,999)	(260,628)
18. Total hospital and medical (Lines 16 minus 17) .....	.0	653,141,742	641,408,682	2,539,367,353
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ 4,408,707 cost containment expenses.....		10,101,191	8,904,859	40,205,452
21. General administrative expenses.....		57,311,464	112,736,394	290,862,452
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			.0	.0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	720,554,397	763,049,935	2,870,435,257
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	35,101,874	(15,169,304)	152,964,507
25. Net investment income earned		5,011,454	3,562,008	17,512,192
26. Net realized capital gains (losses) less capital gains tax of \$.....		27,860	(45,827)	(227,836)
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	5,039,314	3,516,181	17,284,356
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ )] .....			.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	20,827	303,209	(46,509)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	40,162,015	(11,349,914)	170,202,354
31. Federal and foreign income taxes incurred	XXX	9,032,978	9,035,227	43,512,359
32. Net income (loss) (Lines 30 minus 31)	XXX	31,129,037	(20,385,141)	126,689,995
DETAILS OF WRITE-INS				
0601.	XXX	.0	.0	.0
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701. Other income.....	XXX	78,894		
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	78,894	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Fines and penalties.....		20,827	303,209	(46,509)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	20,827	303,209	(46,509)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	362,949,494	313,738,460	313,738,460
34. Net income or (loss) from Line 32	31,129,037	(20,385,141)	126,689,995
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	1,133,654	(41,532)	(2,241,755)
39. Change in nonadmitted assets	(2,168,125)	(486,541)	(237,206)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	(75,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	30,094,566	(20,913,214)	49,211,034
49. Capital and surplus end of reporting period (Line 33 plus 48)	393,044,060	292,825,246	362,949,494
DETAILS OF WRITE-INS			
4701.		0	0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	760,168,949	754,823,062	2,947,965,207
2. Net investment income	4,810,743	3,593,294	18,114,380
3. Miscellaneous income	78,894	0	0
4. Total (Lines 1 to 3)	765,058,586	758,416,356	2,966,079,587
5. Benefit and loss related payments	685,116,924	659,122,515	2,543,213,682
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	68,795,059	61,581,209	376,776,798
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	52,202,583
10. Total (Lines 5 through 9)	753,911,983	720,703,724	2,972,193,063
11. Net cash from operations (Line 4 minus Line 10)	11,146,603	37,712,632	(6,113,476)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	54,565,282	6,292,439	31,784,693
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(6,960)	0	1,552
12.7 Miscellaneous proceeds	0	0	1
12.8 Total investment proceeds (Lines 12.1 to 12.7)	54,558,323	6,292,439	31,786,246
13. Cost of investments acquired (long-term only):			
13.1 Bonds	72,589,477	9,665,496	111,205,542
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	378,110	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	72,967,587	9,665,496	111,205,542
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(18,409,264)	(3,373,057)	(79,419,296)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	75,000,000
16.6 Other cash provided (applied).....	(42,394,728)	(123,596,805)	(29,855,197)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(42,394,728)	(123,596,805)	(104,855,197)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(49,657,389)	(89,257,230)	(190,387,969)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	450,454,935	640,842,904	640,842,904
19.2 End of period (Line 18 plus Line 19.1)	400,797,546	551,585,674	450,454,935

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	551,644	.0	.0	.0	.0	.0	.0	13,777	443,994	93,873
2. First Quarter	778,455	.0	.0	.0	.0	.0	.0	13,889	444,692	319,874
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	2,331,395							41,633	1,335,519	954,243
Total Member Ambulatory Encounters for Period:										
7. Physician	736,727							53,350	683,377	
8. Non-Physician	847,976							29,790	818,186	
9. Total	1,584,703	0	0	0	0	0	0	83,140	1,501,563	0
10. Hospital Patient Days Incurred	104,546							13,523	91,023	
11. Number of Inpatient Admissions	17,402							1,754	15,648	
12. Health Premiums Written (a).....	798,819,899							52,788,357	683,008,827	63,022,715
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	794,709,549							52,788,357	679,095,021	62,826,171
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	710,131,859							40,716,723	608,433,694	60,981,442
18. Amount Incurred for Provision of Health Care Services	690,749,079							42,636,653	588,952,813	59,159,613

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 115,811,072

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.....0	.....0
2. Medicare Supplement .....					.....0	.....0
3. Dental only .....					.....0	.....0
4. Vision only .....					.....0	.....0
5. Federal Employees Health Benefits Plan .....					.....0	.....0
6. Title XVIII - Medicare .....	.....13,846,738	.....31,076,641	.....6,890,275	.....16,036,834	.....20,737,013	.....20,620,383
7. Title XIX - Medicaid .....	.....160,947,357	.....451,473,805	.....96,942,133	.....173,730,844	.....257,889,490	.....287,827,907
8. Other health .....	.....8,173,039	.....41,957,077	.....476,927	.....7,336,517	.....8,649,966	.....4,083,910
9. Health subtotal (Lines 1 to 8).....	.....182,967,134	.....524,507,523	.....104,309,335	.....197,104,195	.....287,276,469	.....312,532,200
10. Health care receivables (a) .....	.....5,884,975	.....37,534,145			.....5,884,975	.....0
11. Other non-health .....					.....0	.....0
12. Medical incentive pools and bonus amounts .....	.....1,182,958	.....(270,671)	.....5,655,593	.....1,488,962	.....6,838,551	.....7,851,965
13. Totals (Lines 9-10+11+12)	178,265,117	486,702,707	109,964,928	198,593,157	288,230,045	320,384,165

(a) Excludes \$ loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.
NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of WellCare Health Insurance Company of Kentucky, Inc. (the “Company”), domiciled in the state of Kentucky, are presented on the basis of accounting practices prescribed or permitted by the Kentucky Department of Insurance (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Kentucky for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Kentucky insurance law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Kentucky.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Kentucky is shown below:

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
1 Company state basis (Page 4, Line 32, Columns 2&3)	xxx	xxx	xxx	\$ 31,129,037	\$ 126,689,995
State Prescribed Practices that are an increase/					
2 (decrease) from NAIC SAP:					
None	—	—	—	—	—
State Permitted Practices that are an increase/					
3 (decrease) from NAIC SAP:					
None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 31,129,037</u>	<u>\$ 126,689,995</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3&4)	xxx	xxx	xxx	\$ 393,044,060	\$ 362,949,494
State Prescribed Practices that are an increase/					
6 (decrease) from NAIC SAP:					
None	—	—	—	—	—
State Permitted Practices that are an increase/					
7 (decrease) from NAIC SAP:					
None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 393,044,060</u>	<u>\$ 362,949,494</u>

B. Uses of Estimates in the Preparation of the Financial Statements

No significant change.

C. Accounting Policy

No significant change.

D. Going Concern - None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Loan-Backed Securities

1, 2, 3 - Not applicable

4. All impaired securities (fair value is less than cost or amortized cost) for which an -other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.
NOTES TO FINANCIAL STATEMENT

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	(8,664)
2. 12 Months or Longer	\$	(93,048)

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	6,559,444
2. 12 Months or Longer	\$	19,475,227

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Low-Income Housing Tax Credits (LIHTC) - None
- L. Restricted Assets (Including Pledged)
 - 1. No significant change
 - 2. None
 - 3. None
 - 4. None
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. Structured Notes - None
- P. 5* GI Securities - None
- Q. Short Sales - None
- R. Prepayment Penalty and Acceleration Fees
 - (1) Number of CUSIPS - 3
 - (2) Aggregate Amount of Investment Income - \$79,747

6. Joint Ventures, Partnerships and Limited Liability Companies
None

7. Investment Income
No significant change.

8. Derivative Instruments
None

9. Income Taxes
No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
No significant change.

11. Debt
A. Debt - None
B. Federal Home Loan Bank Agreements - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No significant change.

14. Liabilities, Contingencies and Assessments
A. Contingent Commitments - None
B. Assessments - None
C. Gain Contingencies - None

NOTES TO FINANCIAL STATEMENT

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits - None

E. Joint and Several Liabilities - None

F. All Other Contingencies - The Company's ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an affect on the Company's financial position.

15. Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales - None

B. Transfer and Servicing of Financial Assets - None

C. Wash Sales - None

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans - None

B. ASC Plans - None

C. Medicare of Similarly Structured Cost Based Reimbursement Contract

1. None

2. No significant change.

3. None

4. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition

1. Fair Value Measurements Reporting Date

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

NOTES TO FINANCIAL STATEMENT

Description of each class of asset or liability	Level 1		Level 2		Level 3		Net Asset Value (NAV)		Total
a. Assets at fair value									
<u>Cash Equivalents</u>									
Exempt Money Market Funds	\$	10,000,000	\$	—	\$	—	\$	—	10,000,000
Other Money Market Funds		71,358,481		—		—		—	71,358,481
Total Cash Equivalents	\$	81,358,481	\$	—	\$	—	\$	—	81,358,481
<u>Perpetual Preferred Stock</u>									
Industrial & Misc	\$	—	\$	—	\$	—	\$	—	—
Parent, Subsidiaries and Affiliates		—		—		—		—	—
Total Perpetual Preferred Stocks	\$	—	\$	—	\$	—	\$	—	—
<u>Bonds</u>									
U.S. Government	\$	—	\$	—	\$	—	\$	—	—
Industrial & Misc.		—		—		—		—	—
Hybrid Securities		—		—		—		—	—
Parent, Subsidiaries and Affiliates		—		—		—		—	—
Total Bonds	\$	—	\$	—	\$	—	\$	—	—
<u>Common Stock</u>									
Industrial & Misc.	\$	—	\$	—	\$	—	\$	—	—
Parent, Subsidiaries and Affiliates		—		—		—		—	—
Total Common Stock	\$	—	\$	—	\$	—	\$	—	—
<u>Derivatives Assets</u>									
Interest rate contracts	\$	—	\$	—	\$	—	\$	—	—
Foreign exchange contracts		—		—		—		—	—
Credit contracts		—		—		—		—	—
Commodity futures contracts		—		—		—		—	—
Commodity futures contracts		—		—		—		—	—
Total Derivatives	\$	—	\$	—	\$	—	\$	—	—
<u>Separate account assets</u>	\$	—	\$	—	\$	—	\$	—	—
Total assets at fair value	\$	81,358,481	\$	—	\$	—	\$	—	81,358,481
b. Liabilities at fair value									
Total liabilities at fair value	\$	—	\$	—	\$	—	\$	—	—

B. None

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
US Government	\$ 3,471,597	\$ 3,479,452	\$ 3,471,597	\$ —	\$ —	\$ —	—
U.S. States, territories & possessions	2,783,406	2,770,775	—	2,783,406	—	—	—
Political subdivision of states, territories & possessions	20,359,314	20,107,654	—	20,359,314	—	—	—
U.S. Special revenue & special assessment, non-guaranteed agencies & government	80,264,436	79,385,380	—	80,264,436	—	—	—
Industrial & miscellaneous	186,724,395	186,563,493	—	186,724,395	—	—	—
Total Bonds	293,603,148	292,306,754	3,471,597	290,131,551	—	—	—
Short Term Investments	91,481,704	91,494,223	—	91,481,704	—	—	—
Total Bonds and Short Term Investments	\$ 385,084,852	\$ 383,800,977	\$ 3,471,597	\$ 381,613,255	\$ —	\$ —	—

D. None

21. Other Items

A. Extraordinary Items - None

B. Troubled Debt Restructuring - None

C. Other Disclosures and Unusual Items - In November 2018, an affiliate, WellCare Prescription Insurance, Inc. (“WPI”), completed an asset purchase of Aetna Inc.'s ("Aetna") entire standalone Medicare Part D prescription drug plan business ("Aetna Part D business"), which Aetna divested as part of CVS Health Corporation's acquisition of Aetna. Per the terms of the agreements, Aetna will provide administrative services to, and retain financial risk of, the Aetna Part D business through 2019. Per the terms of the joint enterprise

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

NOTES TO FINANCIAL STATEMENT

agreement between the Company and WPI, the companies report the Aetna Part D business within their respective service areas, which for the Company is: Alabama, Arkansas, Colorado, Connecticut, Minnesota, Montana and Rhode Island.

On March 26, 2019, WellCare Health Plans, Inc. entered into an Agreement and Plan of Merger (the “Merger Agreement”) with Centene Corporation. The closing of the Merger Agreement is subject to customary closing conditions, including, but not limited to, the approval of the Merger Agreement by our stockholders, the approval of the share issuance of Centene stock by Centene’s stockholders, and the receipt of U. S. federal antitrust clearance and certain other required regulatory approvals. The transaction is expected to close in the first half of 2020. Currently management does not know what, if any, effect the transaction will have on the Company.

- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime Mortgage Related Risk Exposure - None
- G. Retained Assets - None
- H. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

There were no events occurring subsequent to March 31, 2019 requiring disclosure. Subsequent events have been considered through March 31, 2019 for the Statutory statement issued on May 10, 2019.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. No significant change.
- B. No significant change.
- C. No significant change.
- D. Not applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims expense attributable to insured events of the prior year decreased by \$32,154,120 during 2019. This is approximately 10.0% of unpaid claims expenses of \$320,384,164 as of December 31, 2018. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending March 31, 2019 was affected by approximately \$15,399,433 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

B. None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group

0001279363
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2017
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2012
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/11/2014
- 6.4

By what department or departments?

Kentucky Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [X] No []

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$0

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

13.

Amount of real estate and mortgages held in short-term investments:\$0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

16

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.3

Total payable for securities lending reported on the liability page

\$0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank.....	Jacksonville, FL.....
Suntrust Bank.....	Nashville, TN.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Wells Capital Management.....	U.....
Oppenheimer.....	U.....
Deutsche Bank.....	U.....
SunTrust.....	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	DS.....
0571.....	Oppenheimer & Co.....	254900VH02JQR2L8XD64.....	SEC.....	DS.....
104518.....	Deutsche Bank.....	CZ83K4EEX8QVCT3B128.....	SEC.....	DS.....
N/A.....	SunTrust.....	7E1PDLW1JL6TS0BS1G03.....	State Securities Authority.....	NO.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or
a. PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
c. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

87.0 %

1.2 A&H cost containment percent

0.6 %

1.3 A&H expense percent excluding cost containment expenses

8.3 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☒ No ☐

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☐

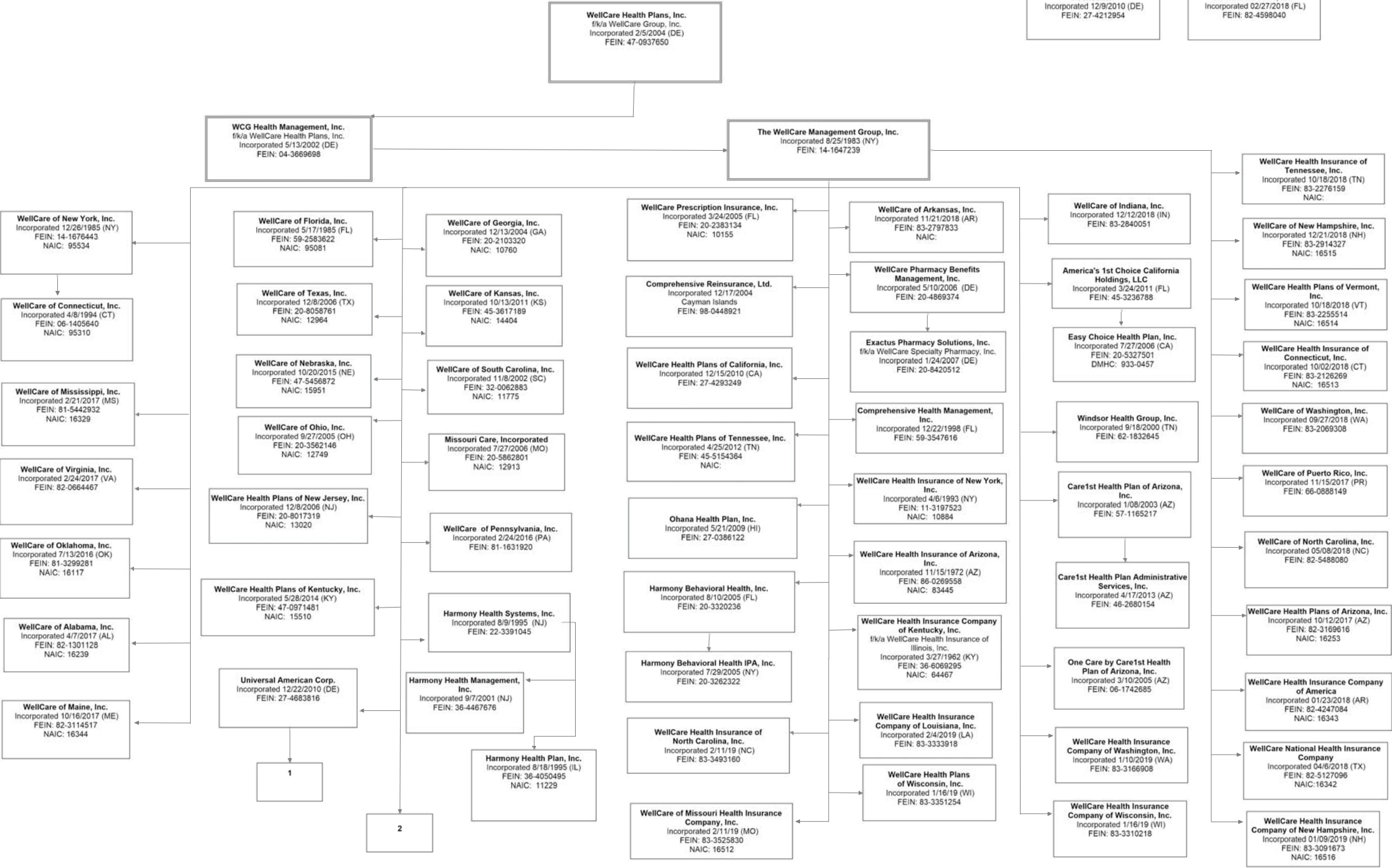
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

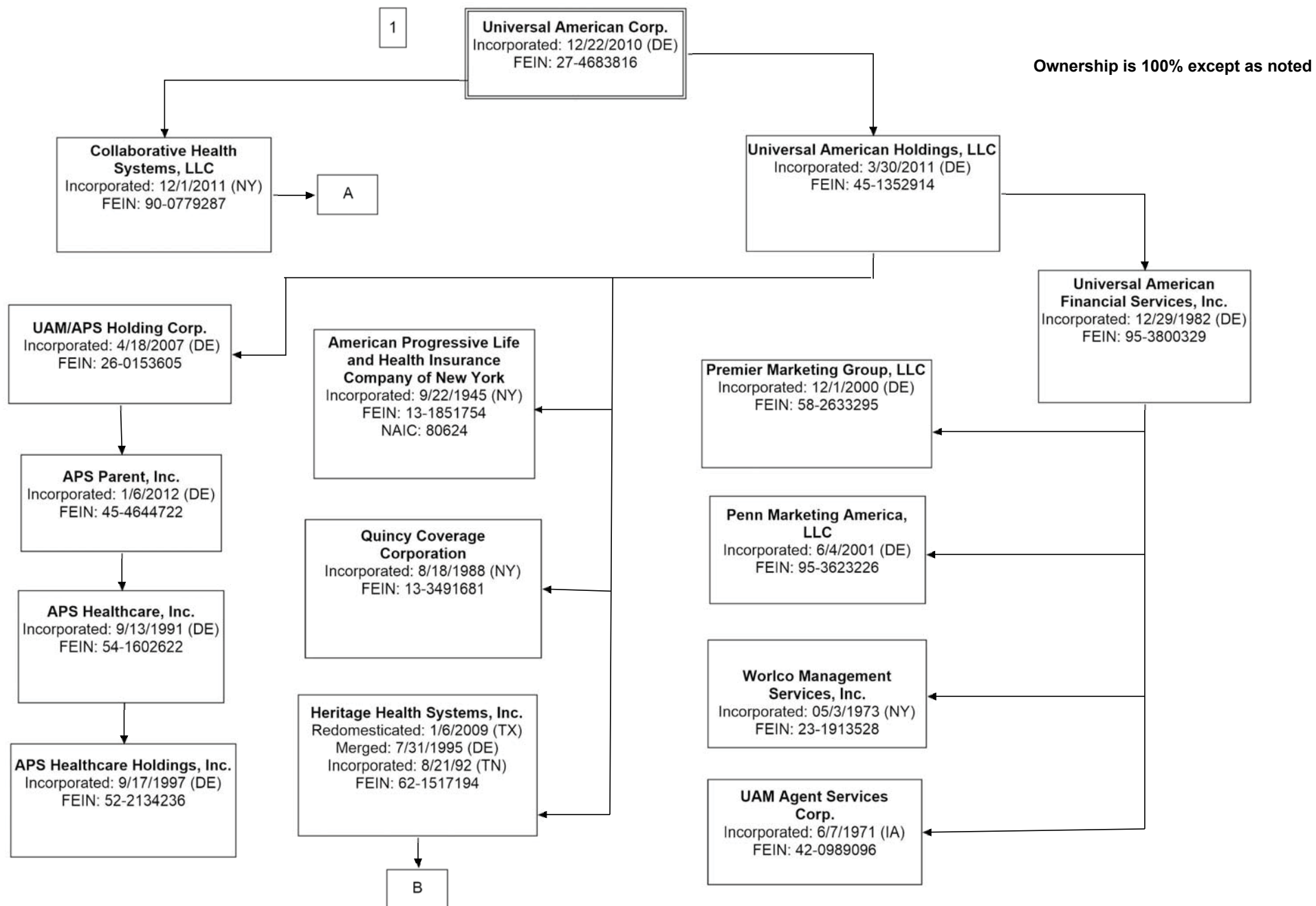
Current Year to Date - Allocated by States and Territories									
States, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	14,193,542						14,193,542	
2. Alaska	AK							0	
3. Arizona	AZ							0	
4. Arkansas	AR	13,279,160						13,279,160	
5. California	CA							0	
6. Colorado	CO	7,751,158						7,751,158	
7. Connecticut	CT	9,480,579						9,480,579	
8. Delaware	DE							0	
9. Dist. Columbia	DC							0	
10. Florida	FL							0	
11. Georgia	GA							0	
12. Hawaii	HI							0	
13. Idaho	ID							0	
14. Illinois	IL							0	
15. Indiana	IN							0	
16. Iowa	IA							0	
17. Kansas	KS							0	
18. Kentucky	KY		52,788,357	683,008,827				735,797,184	
19. Louisiana	LA							0	
20. Maine	ME							0	
21. Maryland	MD							0	
22. Massachusetts	MA							0	
23. Michigan	MI							0	
24. Minnesota	MN	12,499,749						12,499,749	
25. Mississippi	MS							0	
26. Missouri	MO							0	
27. Montana	MT	3,464,472						3,464,472	
28. Nebraska	NE							0	
29. Nevada	NV							0	
30. New Hampshire	NH							0	
31. New Jersey	NJ							0	
32. New Mexico	NM							0	
33. New York	NY							0	
34. North Carolina	NC							0	
35. North Dakota	ND							0	
36. Ohio	OH							0	
37. Oklahoma	OK							0	
38. Oregon	OR							0	
39. Pennsylvania	PA							0	
40. Rhode Island	RI	2,354,055						2,354,055	
41. South Carolina	SC							0	
42. South Dakota	SD							0	
43. Tennessee	TN							0	
44. Texas	TX							0	
45. Utah	UT							0	
46. Vermont	VT							0	
47. Virginia	VA							0	
48. Washington	WA							0	
49. West Virginia	WV							0	
50. Wisconsin	WI							0	
51. Wyoming	WY							0	
52. American Samoa	AS							0	
53. Guam	GU							0	
54. Puerto Rico	PR							0	
55. U.S. Virgin Islands	VI							0	
56. Northern Mariana Islands	MP							0	
57. Canada	CAN							0	
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Subtotal	XXX	63,022,715	52,788,357	683,008,827	0	0	0	798,819,899	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	63,022,715	52,788,357	683,008,827	0	0	0	798,819,899	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

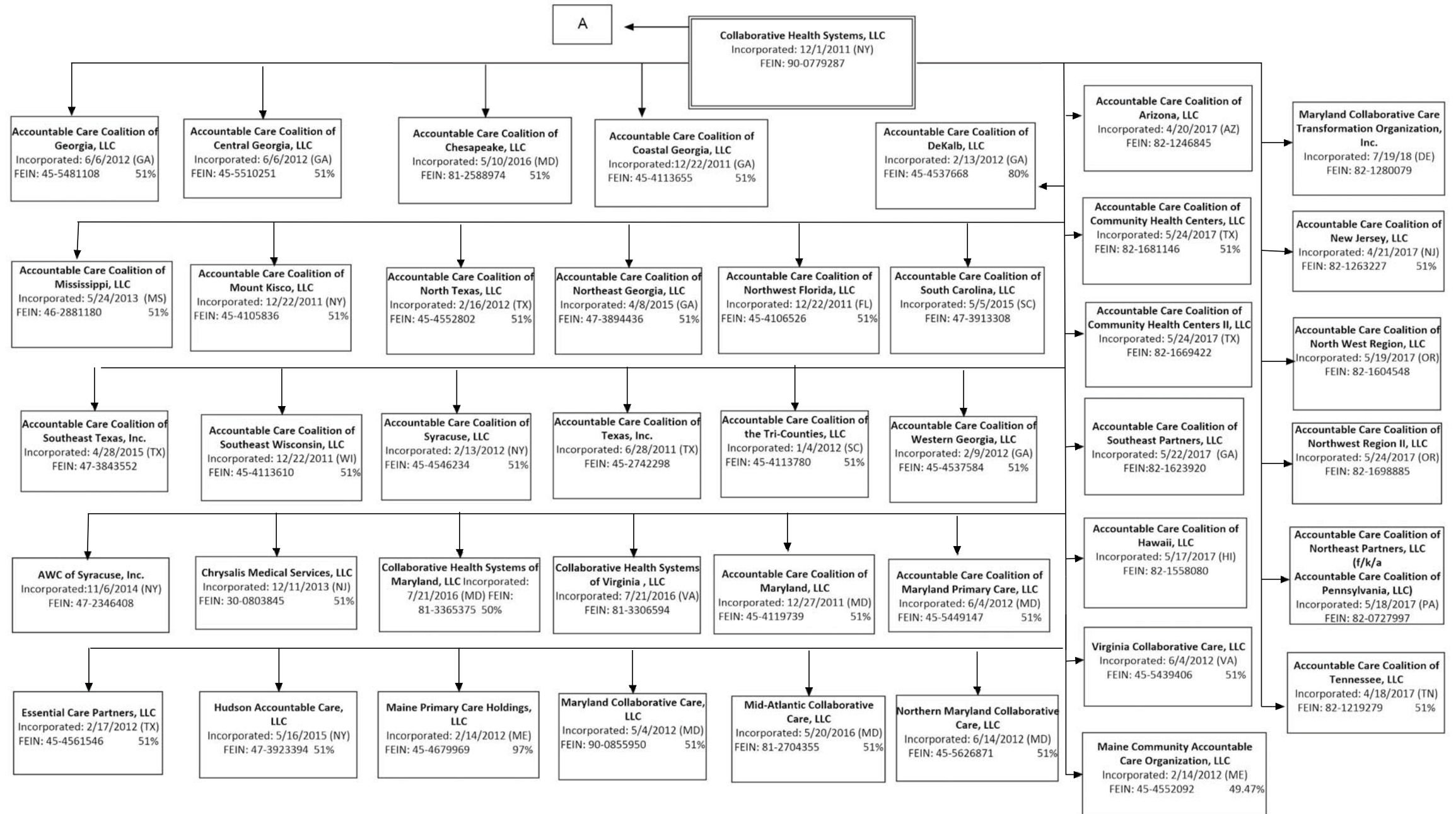
(a) Active Status Counts

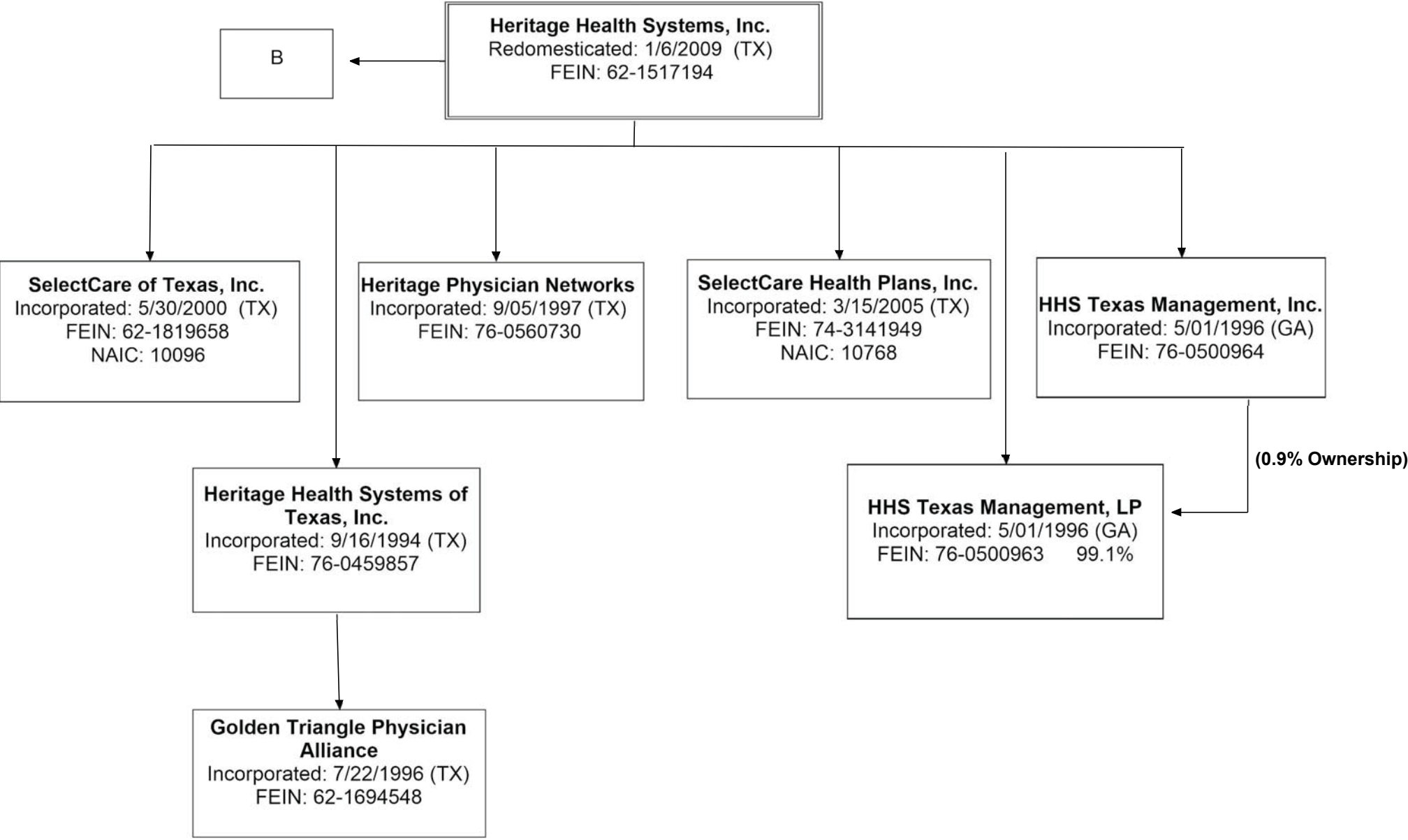
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG43 R – Registered – Non-domiciled RRGs0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0 Q – Qualified – Qualified or accredited reinsurer0
N – None of the above – Not allowed to write business in the state14

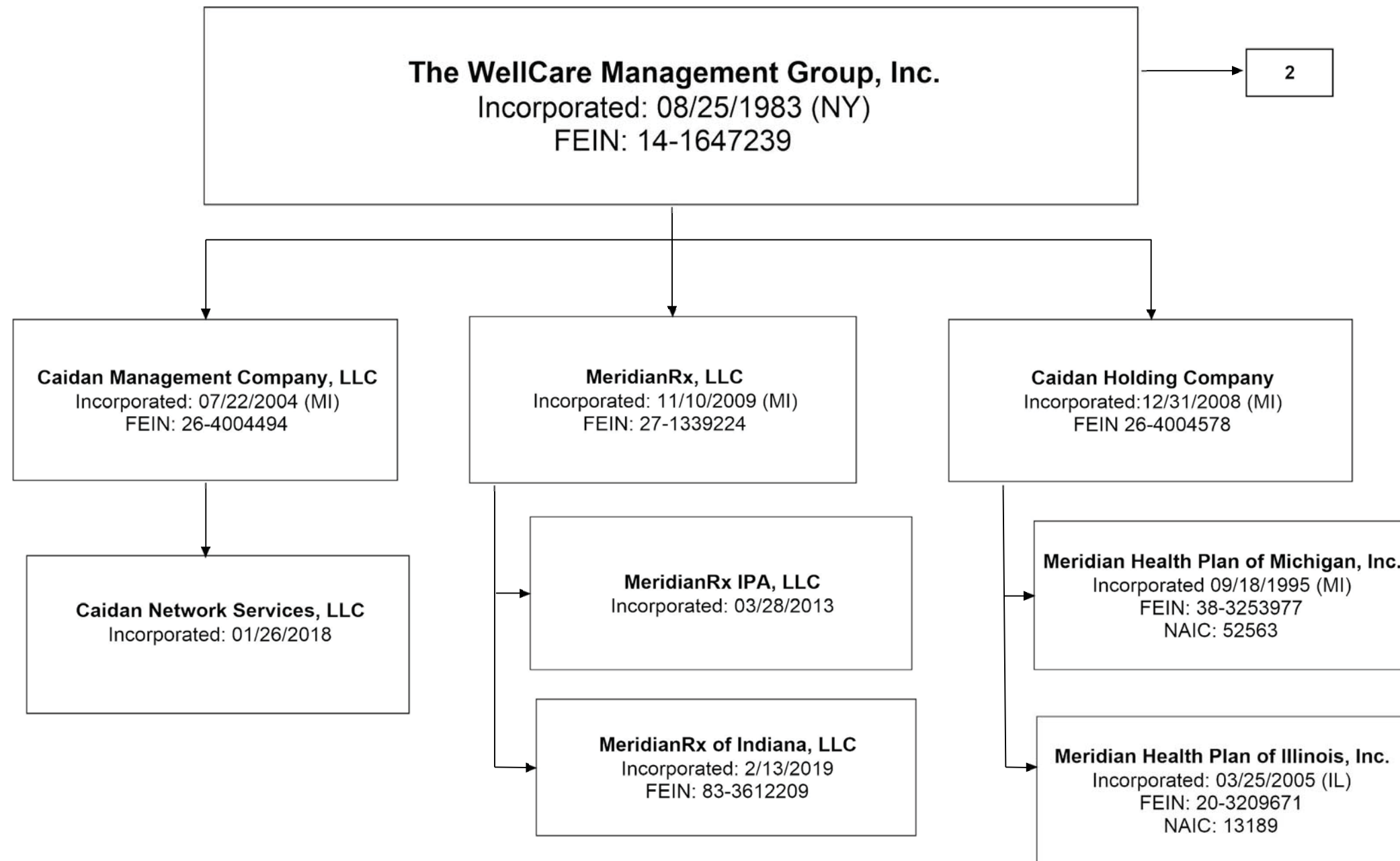
Corporate Organization Chart of The WellCare Group of Companies as of March 31, 2019











2

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	95310.....	06-1405640.....	.....	.....	.....	WellCare of Connecticut Inc.....	CT.....	IA.....	WellCare of New York, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	95081.....	59-2583622.....	.....	.....	.....	WellCare of Florida Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	59-3547616.....	.....	.....	.....	Comprehensive Health Management Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	14-1647239.....	.....	.....	.....	The WellCare Management Group, Inc.....	NY.....	UDP.....	WCG Health Management, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	95534.....	14-1676443.....	.....	.....	.....	WellCare of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	20-3320236.....	.....	.....	.....	Harmony Behavioral Health Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....	.....	.....	.....	Harmony Health Plan Inc.....	IL.....	IA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	22-3391045.....	.....	.....	.....	Harmony Health Systems Inc.....	IL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	36-4467676.....	.....	.....	.....	Harmony Health Management Inc.....	IL.....	NIA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-0937650.....	.....	0001279363	NYSE	WellCare Health Plans Inc.....	FL.....	UIP.....	Shareholders.....	.....	0.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	04-3669698.....	.....	.....	.....	WCG Health Management Inc.....	FL.....	UIP.....	WellCare Health Plans, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	10760.....	20-2103320.....	.....	.....	.....	WellCare of Georgia Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	98-0448921.....	.....	.....	.....	Comprehensive Reinsurance Ltd.....	CYM.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	10155.....	20-2383134.....	.....	.....	.....	WellCare Prescription Insurance Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	12749.....	20-3562146.....	.....	.....	.....	WellCare of Ohio Inc.....	OH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	20-3262322.....	.....	.....	.....	Harmony Behavioral Health IPA Inc.....	NY.....	NIA.....	Harmony Behavioral Health, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	20-4869374.....	.....	.....	.....	WellCare Pharmacy Benefits Management In.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	83445.....	86-0269558.....	.....	.....	.....	WellCare Health Insurance of Arizona Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	64467.....	36-6069295.....	.....	.....	.....	WellCare Health Insurance Company of Kentucky Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	10884.....	11-3197523.....	.....	.....	.....	WellCare Health Insurance of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	13020.....	20-8017319.....	.....	.....	.....	WellCare Health Plans of New Jersey Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	12964.....	20-8058761.....	.....	.....	.....	WellCare of Texas Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	20-8420512.....	.....	.....	.....	Exactus Pharmacy Solutions, Inc.....	DE.....	NIA.....	WellCare Pharmacy Benefits Management.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	27-0386122.....	.....	.....	.....	Ohana Health Plans, Inc.....	HI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	27-4293249.....				WellCare Health Plans of California, Inc.....	CA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	14404.....	45-3617189.....				WellCare of Kansas, Inc.....	KS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16533.....	45-5154364.....				WellCare Health Plans of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-3236788.....				America's 1st Choice California Holdings, LLC.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	20-5327501.....				Easy Choice Health Plan, Inc.....	CA.....	IA.....	America's 1st Choice California Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	SC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	12913.....	20-5862801.....				Missouri Care, Incorporated.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	27-4212954.....				The WellCare Community Foundation.....	DE.....	NIA.....	WellCare Health Plans, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	62-1832645.....				Windsor Health Group, Inc.....	TN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	15510.....	47-0971481.....				WellCare Health Plans of Kentucky, Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	15951.....	47-5456872.....				WellCare of Nebraska, Inc.....	NE.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	81-1631920.....				WellCare of Pennsylvania, Inc.....	PA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16117.....	81-3299281.....				WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	06-1742685.....				One Care by Care 1st Health Plan of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	57-1165217.....				Care 1st Health Plan Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	46-2680154.....				Care 1st Health Plan Administrative Services, Inc.....	AZ.....	NIA.....	Care 1st Health Plan Arizona, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16329.....	81-5442932.....				WellCare of Mississippi, Inc.....	MS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-0664467.....				WellCare of Virginia, Inc.....	VA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16239.....	82-1301128.....				WellCare of Alabama, Inc.....	AL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1246845.....				Accountable Care Coalition of Arizona, LLC.....	AZ.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5510251.....				Accountable Care Coalition of Central Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	81-2588974.....				Accountable Care Coalition of Chesapeake, LLC.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113655.....				Accountable Care Coalition of Coastal Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	82-1681146.....				Accountable Care Coalition of Community Health Centers, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1669422.....				Accountable Care Coalition of Community Health Centers II, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4537668.....				Accountable Care Coalition of DeKalb, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	80.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5481108.....				Accountable Care Coalition of Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1623920.....				Accountable Care Coalition of Southeast Partners, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1558080.....				Accountable Care Coalition of Hawaii, LLC.....	HI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5449147.....				Accountable Care Coalition of Maryland Primary Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4119739.....				Accountable Care Coalition of Maryland, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	46-2881180.....				Accountable Care Coalition of Mississippi, LLC.....	MS.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4105836.....				Accountable Care Coalition of Mount Kisco, LLC.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1263227.....				Accountable Care Coalition of New Jersey, LLC.....	NJ.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4552802.....				Accountable Care Coalition of North Texas, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3894436.....				Accountable Care Coalition of Northeast Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4106526.....				Accountable Care Coalition of Northwest Florida, LLC.....	FL.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1604548.....				Accountable Care Coalition of North West Region, LLC.....	OR.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1698885.....				Accountable Care Coalition of North West Region II, LLC.....	OR.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-0727997.....				Accountable Care Coalition of Northeast Partners, LLC.....	PA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3913308.....				Accountable Care Coalition of South Carolina, LLC.....	SC.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3843552.....				Accountable Care Coalition of Southeast Texas, Inc.....	TX.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113610.....				Accountable Care Coalition of Southeast Wisconsin.....	WI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4546234.....				Accountable Care Coalition of Syracuse, LLC.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1219279.....				Accountable Care Coalition of Tennessee, LLC.....	TN.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-2742298.....				Accountable Care Coalition of Texas, Inc.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113780.....				Accountable Care Coalition of the Tri-Counties, LLC.....	SC	NIA	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4537584.....				Accountable Care Coalition of Western Georgia, LLC.....	GA	NIA	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	80624.....	13-1851754.....				American Progressive Life & Health Insurance Company of New York.....	NY	IA	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	52-2134236.....				APS Healthcare Holdings, Inc.....	DE	NIA	APS Healthcare, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	54-1602622.....				APS Healthcare, Inc.....	DE	NIA	UAM/APS Holding Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4644722.....				APS Parent, Inc.....	DE	NIA	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	30-0803845.....				Chrysalis Medical Services, LLC.....	TX	NIA	Heritage Health Systems, Inc.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-3365375.....				Collaborative Health Systems of Maryland, Inc.....	MD	NIA	Collaborative Health Systems, LLC.....	Ownership.....	50.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-3306594.....				Collaborative Health Systems of Virginia, Inc.....	VA	NIA	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	90-0779287.....				Collaborative Health Systems, LLC.....	NY	NIA	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2602493.....				Empire Collaborative Care, LLC.....	NY	NIA	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4561546.....				Essential Care Partners, LLC.....	TX	NIA	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1694548.....				Golden Triangle Physician Alliance.....	TX	NIA	Heritages Health Systems of Texas Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0459857.....				Heritage Health Systems of Texas, Inc.....	TX	NIA	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1517194.....				Heritage Health Systems, Inc.....	TX	NIA	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0560730.....				Heritage Physician Networks.....	TX	NIA	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500964.....				HHS Texas Management, Inc.....	GA	NIA	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500963.....				HHS Texas Management, LP.....	GA	NIA	Heritage Health Systems, Inc.....	Ownership.....	99.1	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	47-3923394.....				Hudson Accountable Care, LLC.....	NY	NIA	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4552092.....				Maine Community Accountable Care Organization, LLC.....	ME	NIA	Maine Primary Care Holdings, LLC.....	Ownership.....	49.5	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4679969.....				Maine Primary Care Holdings, LLC.....	ME	NIA	Collaborative Health Systems, LLC.....	Ownership.....	97.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	90-0855950.....				Maryland Collaborative Care, LLC.....	MD	NIA	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2704355.....				Mid-Atlantic Collaborative Care, LLC.....	MD	NIA	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N	.0

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	45-5626871.....				Northern Maryland Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	95-3623226.....				Penn Marketing America, LLC.....	DE.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	58-2633295.....				Premier Marketing Group, LLC.....	DE.....	NIA.....	Penn Marketing America, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	13-3491681.....				Quincy Coverage Corporation.....	NY.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	10768.....	74-3141949.....				SelectCare Health Plans, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	10096.....	62-1819658.....				SelectCare of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	42-0989096.....				UAM Agent Services Corp.....	IA.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	26-0153605.....				UAM/APS Holding Corp.....	DE.....	NIA.....	APS Parent, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	27-4683816.....				Universal American Corp.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	95-3800329.....				Universal American Financial Services.....	DE.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-1352914.....				Universal American Holdings, LLC.....	DE.....	NIA.....	Universal American Corp.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5439406.....				Virginia Collaborative Care, LLC.....	VA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	23-1913528.....				Worlco Management Services, Inc.....	NY.....	NIA.....	Worlco Management Services.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-2346408.....				AWC of Syracuse, Inc.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16253.....	82-3169616.....				WellCare Health Plans of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16344.....	82-3114517.....				WellCare of Maine, Inc.....	ME.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	66-0888149.....				WellCare of Puerto Rico, Inc.....	PR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-4598040.....				WellCare Associate Assistance Fund, Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16343.....	82-4247084.....				WellCare Health Insurance Company of America.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16342.....	82-5127096.....				WellCare National Health Insurance Company.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16547.....	82-5488080.....				WellCare of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	26-4004494.....				Caidan Management Company, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	26-4004494.....				Caidan Network Services, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01200.....	WellCare Health Plans Inc.....	00000.....	26-4004578.....				Caidan Holding Company.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1280079.....				Maryland Collaborative Care Transformation Organization, Inc.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	13189.....	20-3209671.....				Meridian Health Plan of Illinois, Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	52563.....	38-3253977.....				Meridian Health Plan of Michigan, Inc.....	MI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-2069308.....				WellCare of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	27-1339224.....				MeridianRx, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	32-0408908.....				MeridianRX IPA, LLC.....	NY.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16513.....	83-2126269.....				WellCare Health Insurance of Connecticut, Inc.....	CT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16532.....	83-2276159.....				WellCare Health Insurance of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16514.....	83-2255514.....				WellCare Health Plans of Vermont, Inc.....	VT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16531.....	83-2797833.....				WellCare of Arkansas, Inc.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3612209.....				MeridianRx of Indiana, LLC.....	IN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3333918.....				WellCare Health Insurance Company of Louisiana, Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16516.....	83-3091673.....				WellCare Health Insurance Company of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3166908.....				WellCare Health Insurance Company of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3310218.....				WellCare Health Insurance Company of Wisconsin, Inc.....	WI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16548.....	83-3493160.....				WellCare Health Insurance of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	83-3351254.....				WellCare Health Plans of Wisconsin, Inc.....	WI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	16512.....	83-3525830.....				WellCare of Missouri Health Insurance Company, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....		.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.0
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and depreciation .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	274,633,290	197,147,651
2. Cost of bonds and stocks acquired	72,589,477	111,205,542
3. Accrual of discount	131,912	267,427
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals	34,820	(190,123)
6. Deduct consideration for bonds and stocks disposed of	54,565,282	31,784,694
7. Deduct amortization of premium	597,210	2,066,967
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	79,747	54,453
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	292,306,754	274,633,290
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	292,306,754	274,633,290

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	284,005,587	103,122,123	103,475,815	2,086,116	285,738,011	0	0	284,005,587
2. NAIC 2 (a).....	94,255,080	25,053,939	17,084,269	(2,480,923)	99,743,826	0	0	94,255,080
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	378,260,667	128,176,061	120,560,084	(394,807)	385,481,837	0	0	378,260,667
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	378,260,667	128,176,061	120,560,084	(394,807)	385,481,837	0	0	378,260,667

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$79,928,554 ; NAIC 2 \$13,246,529 ;
NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	91,494,223	XXX	91,328,043	243,927	284,013

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	100,492,736	23,242,630
2. Cost of short-term investments acquired	51,561,091	175,141,874
3. Accrual of discount	138,733	372,463
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	(6,960)	(39,266)
6. Deduct consideration received on disposals	60,624,409	97,838,162
7. Deduct amortization of premium.....	66,969	386,803
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	91,494,223	100,492,736
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	91,494,223	100,492,736

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	49,720,745	317,207,771
2. Cost of cash equivalents acquired	599,046,566	1,887,503,148
3. Accrual of discount	6,698	30,547
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	0	1,552
6. Deduct consideration received on disposals	565,726,695	2,154,919,339
7. Deduct amortization of premium	7,972	102,935
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	83,039,342	49,720,745
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	83,039,342	49,720,745

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator ^(a)
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
.650367-NW-1	NEWARK N J		02/14/2019	Morgan Stanley	XXX	505,875	500,000	0	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						505,875	500,000	0	XXX
Bonds - U.S. Special Revenue									
.05822K-AM-2	BALDWIN PK CALIF PENSTON OBLIG		02/21/2019	US Bank	XXX	1,000,000	1,000,000	0	1FE
3136A2-7B-3	FNA 12M1 A2 - CMBS		01/17/2019	PNC SECURITIES CORP	XXX	1,250,546	1,255,499	1,999	1
3136AJ-RC-2	FNR 1414F LE - CMO/RMBS		01/17/2019	FIRST TENNESSEE BANK N A BOND	XXX	1,252,270	1,265,918	1,846	1
3136AK-3N-1	FNR 1464G EB - CMO/RMBS		01/17/2019	FIRST TENNESSEE BANK N A BOND	XXX	669,005	684,404	798	1
3136AK-FG-3	FNR 1434C LC - CMO/RMBS		01/17/2019	Stephens Inc	XXX	1,324,608	1,340,739	2,048	1
3138NJ-AD-0	FN FN0003 - CMBS/RMBS		01/08/2019	Stephens Inc	XXX	1,694,649	1,653,316	1,967	1
57584Y-QT-9	MASSACHUSETTS ST DEV FIN AGY REV		02/07/2019	MERRILL LYNCH PIERCE FENNER SMITH INC	XXX	500,000	500,000	0	2FE
594712-UC-3	MICHIGAN ST UNIV REVS		02/08/2019	Citigroup Global Markets, Inc.	XXX	750,000	750,000	0	1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						8,441,078	8,449,876	8,659	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
.02209S-BB-8	ALTRIA GROUP INC		02/12/2019	JP MORGAN SECURITIES LLC	XXX	548,884	550,000	0	2FE
.03066G-AD-1	AMCAR 191 A3 - ABS		03/05/2019	JP MORGAN SECURITIES LLC	XXX	309,959	310,000	0	1FE
.039483-BB-7	ARCHER-DANIELS-MIDLAND CO		01/15/2019	B RILEY & CO. INC	XXX	2,066,780	2,000,000	33,841	1FE
.06051G-FW-4	BANK OF AMERICA CORP		02/26/2019	Morgan Stanley	XXX	1,989,720	2,000,000	18,813	1FE
12634G-AA-1	CNOOC FINANCE (2015) AUSTRALIA PTY LTD	C	03/07/2019	OPPENHEIMER & CO. INC	XXX	1,094,594	1,100,000	8,823	1FE
14040H-CA-1	CAPITAL ONE FINANCIAL CORP		01/24/2019	Morgan Stanley	XXX	508,898	510,000	0	2FE
14913Q-2A-6	CATERPILLAR FINANCIAL SERVICES CORP		02/26/2019	Southwest Securities	XXX	2,468,250	2,500,000	22,354	1FE
15189T-AR-8	CENTERPOINT ENERGY INC		01/04/2019	JANNEY MONTGOMERY SCOTT INC	XXX	1,294,056	1,350,000	11,906	2FE
17325F-AV-0	CITIBANK NA		02/11/2019	CitiGroup	XXX	1,200,000	1,200,000	0	1FE
20030N-CP-4	COMCAST CORP		02/26/2019	CITIGROUP GLOBAL MARKETS INC	XXX	2,520,175	2,500,000	32,771	1FE
21036P-AW-8	CONSTELLATION BRANDS INC		01/07/2019	HSBC SECURITIES (USA) FXD INC	XXX	958,290	1,000,000	4,564	2FE
21688A-AD-4	COOPERATIVE RABOBANK UA (NEW YORK BRANC	C	01/11/2019	CIBC OPPENHEIMER	XXX	895,017	901,000	56	1FE
228227-BD-5	CROWN CASTLE INTERNATIONAL CORP		01/29/2019	BARCLAYS CAPITAL INC	XXX	1,261,116	1,200,000	2,800	2FE
24422E-UC-1	JOHN DEERE CAPITAL CORP		01/08/2019	VARIOUS	XXX	1,021,142	1,025,000	2,490	1FE
25243Y-AX-7	DIAGEO CAPITAL PLC	C	03/06/2019	VARIOUS	XXX	1,450,246	1,447,000	13,264	1FE
26442C-AJ-3	DUKE ENERGY CAROLINAS LLC		02/26/2019	Southwest Securities	XXX	2,552,375	2,500,000	21,799	1FE
341099-CM-9	DUKE ENERGY FLORIDA LLC		01/24/2019	B RILEY & CO. INC	XXX	2,551,250	2,500,000	36,969	1FE
34529S-AA-7	FORDR 17REV2 A - ABS		03/29/2019	MLPFS INC FIXED INCOME	XXX	491,953	500,000	557	1FE
36256X-AD-4	GMCAR 191 A3 - ABS		01/08/2019	RBC CAPITAL MARKETS, LLC	XXX	829,908	830,000	0	1FE
378272-AT-5	GLENCORE FUNDING LLC	C	03/05/2019	JP MORGAN SECURITIES LLC	XXX	865,885	870,000	0	2FE
404280-AK-5	HSBC HOLDINGS PLC	C	01/15/2019	HSBC SECURITIES INC	XXX	2,076,900	2,000,000	28,900	1FE
4042Q1-AE-7	HSBC BANK USA	C	02/26/2019	B RILEY & CO. INC	XXX	2,567,000	2,500,000	1,354	1FE
437076-AW-2	HOME DEPOT INC		01/24/2019	MERRILL LYNCH, PIERCE, FENNER & SMITH	XXX	2,064,780	2,000,000	28,600	1FE
458140-AQ-3	INTEL CORP		02/26/2019	Mizuho Securities USA, Inc	XXX	2,491,975	2,500,000	4,934	1FE
46625H-NX-4	JPMORGAN CHASE & CO		02/26/2019	B RILEY & CO. INC	XXX	2,483,750	2,500,000	21,073	1FE
46849L-TE-1	JACKSON NATIONAL LIFE GLOBAL FUNDING	C	01/29/2019	Morgan Stanley	XXX	769,299	770,000	0	1FE
53944V-AE-9	LLOYDS BANK PLC	C	03/14/2019	OPPENHEIMER & CO. INC	XXX	198,996	200,000	2,373	1FE
58505S-BG-0	MEDTRONIC INC	C	01/24/2019	Southwest Securities	XXX	1,995,800	2,000,000	18,472	1FE
58772T-AB-6	MBALT 19A A2 - ABS		01/23/2019	U.S. Bank	XXX	499,996	500,000	0	1FE
63906A-AA-8	NATWEST MARKETS PLC	C	03/26/2019	JP MORGAN SECURITIES LLC	XXX	1,199,340	1,200,000	0	2FE
709599-BD-5	PENSKE TRUCK LEASING CO LP		01/22/2019	JP MORGAN SECURITIES LLC	XXX	282,805	283,000	0	2FE
759187-CB-1	REGIONS BANK		01/15/2019	WELLS FARGO SECURITIES LLC	XXX	1,479,945	1,500,000	12,146	2FE
78355H-KL-2	RYDER SYSTEM INC		02/25/2019	WELLS FARGO SECURITIES LLC	XXX	829,220	830,000	0	1FE
822582-BS-0	SHELL INTERNATIONAL FINANCE BV	C	01/16/2019	B RILEY & CO. INC	XXX	1,950,380	2,000,000	7,083	1FE
857477-AG-8	STATE STREET CORP		02/26/2019	CITIGROUP GLOBAL MARKETS INC	XXX	2,061,700	2,000,000	41,563	1FE
87020P-AE-7	SWEDBANK AB	C	02/27/2019	OPPENHEIMER & CO. INC	XXX	495,920	500,000	5,317	1FE
88032X-AC-8	TENCENT HOLDINGS LTD	C	02/08/2019	CIBC OPPENHEIMER	XXX	299,838	300,000	24	1FE
89114Q-BC-1	TORONTO-DOMINION BANK	C	02/26/2019	CITIGROUP GLOBAL MARKETS INC	XXX	1,987,620	2,000,000	10,278	1FE
89114Q-BX-5	TORONTO-DOMINION BANK	C	01/15/2019	B RILEY & CO. INC	XXX	2,476,125	2,500,000	30,458	1FE
90331H-NP-4	US BANK NA		01/15/2019	B RILEY & CO. INC	XXX	2,003,560	2,000,000	14,175	1FE
92277G-AP-2	VENTAS REALTY LP		02/19/2019	CitiGroup	XXX	349,573	350,000	0	2FE
92343V-AX-2	VERIZON COMMUNICATIONS INC		01/24/2019	Morgan Stanley	XXX	1,032,930	1,000,000	14,950	2FE
94974B-EV-8	WELLS FARGO & CO		01/08/2019	MILLENNIUM ADVISORS	XXX	1,536,525	1,500,000	18,975	1FE
95000U-2C-6	WELLS FARGO & CO		01/16/2019	WELLS FARGO SECURITIES LLC	XXX	828,498	830,000	0	1FE

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E04.1

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol/Market Indicator ^(a)
Bonds - U.S. Governments																					
912828-2X-7.	UNITED STATES TREASURY.....		01/17/2019..	NOMURA SECURITIES INTL.,	XXX	2,479,590	2,500,000	2,468,945	2,476,953	0	1,433	0	1,433	0	2,478,386	0	1,204	1,204	10,388	09/30/2019..	1
912828-4L-1.	UNITED STATES TREASURY.....		01/04/2019..	BANK OF NEW YORK.....	XXX	3,035,263	3,000,000	3,017,471	3,017,410	0	(61)	0	(61)	0	3,017,350	0	17,914	17,914	15,497	04/30/2023..	1
912828-LY-4.	UNITED STATES TREASURY.....		01/17/2019..	NOMURA SECURITIES INTL.,	XXX	3,018,867	3,000,000	3,020,508	3,016,375	0	(877)	0	(877)	0	3,015,498	0	3,369	3,369	17,901	11/15/2019..	1
912828-SN-1.	UNITED STATES TREASURY.....		03/31/2019..	Maturity @ 100.00.....	XXX	205,000	205,000	206,125	205,144	0	(144)	0	(144)	0	205,000	0	0	0	0	03/31/2019..	1
912828-WW-6.	UNITED STATES TREASURY.....		01/17/2019..	NOMURA SECURITIES INTL.,	XXX	2,488,379	2,500,000	2,479,980	2,488,743	0	885	0	885	0	2,489,628	0	(1,249)	(1,249)	18,877	07/31/2019..	1
0599999 - Bonds - U.S. Governments						11,227,099	11,205,000	11,193,030	11,204,626	0	1,236	0	1,236	0	11,205,862	0	21,237	21,237	62,663	XXX	XXX
Bonds - U.S. States, Territories and Possessions																					
13063C-4B-3.	CALIFORNIA ST.....		02/11/2019..	GOLDMAN, SACHS & CO.....	XXX	780,154	775,000	775,969	775,546	0	(27)	0	(27)	0	775,519	0	4,634	4,634	3,773	12/01/2031..	1FE
1799999 - Bonds - U.S. States, Territories and Possessions						780,154	775,000	775,969	775,546	0	(27)	0	(27)	0	775,519	0	4,634	4,634	3,773	XXX	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																					
181059-XZ-4.	CLARK CNTY NEV SCH DIST.....		02/14/2019..	MESTROW FINANCIAL.....	XXX	1,041,500	1,000,000	1,076,750	1,044,660	0	(4,097)	0	(4,097)	0	1,040,563	0	937	937	8,889	06/15/2020..	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						1,041,500	1,000,000	1,076,750	1,044,660	0	(4,097)	0	(4,097)	0	1,040,563	0	937	937	8,889	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
040507-PA-7.	ARIZONA HEALTH FACS AUTH REV.....		02/22/2019..	MESIROW FINANCIAL.....	XXX	614,388	600,000	692,484	617,723	0	(2,966)	0	(2,966)	0	614,756	0	(368)	(368)	7,083	12/01/2019..	1FE
3130AC-M9-2.	FEDERAL HOME LOAN BANKS.....		01/17/2019..	NOMURA SECURITIES INTL.,	XXX	2,478,565	2,500,000	2,470,075	2,477,391	0	1,306	0	1,306	0	2,478,696	0	(131)	(131)	9,063	10/21/2019..	1
313560-ZG-1.	FEDERAL NATIONAL MORTGAGE ASSOCIATION.....		01/24/2019..	INTL FCBStone Financial Inc.....	XXX	1,989,280	2,000,000	1,985,600	1,990,390	0	911	0	911	0	1,991,300	0	(2,020)	(2,020)	12,931	09/12/2019..	1
3136A2-ZB-3.	FNA 12M1 A2 - CMBS.....		03/01/2019..	Paydown.....	XXX	22,572	22,572	22,483	0	0	89	0	89	0	22,572	0	0	0	7	10/25/2021..	1
3136AJ-RC-2.	FNR 1414F LE - CMO/RMBS.....		03/01/2019..	Paydown.....	XXX	44,020	44,020	43,546	0	0	475	0	475	0	44,020	0	0	0	46	04/25/2031..	1
3136AK-3N-1.	FNR 1464G EB - CMO/RMBS.....		03/01/2019..	Paydown.....	XXX	20,446	20,446	19,986	0	0	460	0	460	0	20,446	0	0	0	19	04/25/2032..	1
3136AK-FG-3.	FNR 1434C LC - CMO/RMBS.....		03/01/2019..	Paydown.....	XXX	49,045	49,045	48,455	0	0	590	0	590	0	49,045	0	0	0	35	06/25/2029..	1
3137EA-EB-1.	FEDERAL HOME LOAN MORTGAGE CORP.....		01/15/2019..	PERSHING LLC.....	XXX	1,983,160	2,000,000	1,969,380	1,983,202	0	1,234	0	1,234	0	1,984,435	0	(1,275)	(1,275)	8,604	07/19/2019..	1
31381P-XA-1.	FN 466973 - CMBS/RMBS.....		03/01/2019..	Paydown.....	XXX	8,192	8,192	8,298	0	0	(101)	0	(101)	0	8,192	0	0	0	29	01/01/2021..	1
3138NJ-AA-6.	FN FNO000 - CMBS/RMBS.....		03/01/2019..	Paydown.....	XXX	65,301	65,301	65,816	65,782	0	(481)	0	(481)	0	65,301	0	0	0	33	09/01/2020..	1
3138NJ-AD-0.	FN FNO003 - CMBS/RMBS.....		03/01/2019..	Paydown.....	XXX	93,980	93,980	96,329	0	0	(2,349)	0	(2,349)	0	93,980	0	0	0	339	01/01/2021..	1
3138NJ-AK-4.	FN FNO009 - CMBS/RMBS.....		03/01/2019..	Paydown.....	XXX	344,309	344,309	346,300	346,797	0	(2,487)	0	(2,487)	0	344,309	0	0	0	35	10/01/2020..	1
31419B-AU-9.	FN AE0918 - CMBS/RMBS.....		03/01/2019..	Paydown.....	XXX	254,713	254,713	256,921	256,840	0	(2,128)	0	(2,128)	0	254,713	0	0	0	1,424	10/01/2020..	1
454795-FE-0.	INDIANA HEALTH & EDL FAC Inc.....		02/14/2019..	Citigroup Global Markets, Inc.....	XXX	693,875	700,000	687,650	692,619	0	349	0	349	0	692,968	0	907	907	3,199	11/15/2031..	1FE
650035-4S-4.	NEW YORK ST URBAN DEV CORP REV.....		03/15/2019..	Call @ 100.00.....	XXX	95,000	95,000	93,284	93,454	0	93	0	93	0	93,547	0	1,453	1,453	0	03/15/2022..	1FE
838530-PW-7.	SOUTH JERSEY PORT CORP N J REV.....		01/01/2019..	Maturity @ 100.00.....	XXX	350,000	350,000	373,191	350,000	0	0	0	0	0	350,000	0	0	0	8,750	01/01/2019..	2FE
88271F-FF-5.	TEXAS ST AFFORDABLE HSG CORP MULTIFAMILY.....		03/08/2019..	Citigroup Global Markets, Inc.....	XXX	1,000,080	1,000,000	1,000,000	1,000,000	0	0	0	0	0	1,000,000	0	80	80	5,331	12/01/2020..	1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						10,106,926	10,147,578	10,179,798	9,882,490	0	(5,007)	0	(5,007)	0	10,108,282	0	(1,356)	(1,356)	56,926	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
00206R-CL-4.	AT&T INC.....		02/15/2019..	INTL FCBStone L.P.....	XXX	1,490,640	1,500,000	1,477,935	1,479,960	0	1,811	0	1,811	0	1,481,771	0	8,869	8,869	5,104	06/30/2020..	2FE
03063D-AD-9.	AMCAR 163 A3 - ABS.....		03/08/2019..	Paydown.....	XXX	176,341	176,341	175,804	176,224	0	117	0	117	0	176,341	0	0	0	256	05/10/2021..	1FE
03063F-AD-4.	AMCAR 171 A3 - ABS.....		03/18/2019..	Paydown.....	XXX	76,927	76,927	76,924	76,927	0	0	0	0	0	76,927	0	0	0	131	08/18/2021..	1FE
05578D-AN-2.	BPCF SA.....	C	03/07/2019..	OPPENHEIMER & CO. INC.....	XXX	1,348,907	1,350,000	1,344,816	1,347,635	0	785	0	785	0	1,348,420	0	486	486	21,750	07/15/2019..	1FE
05584P-AB-3.	BMWLT 172 A2A - ABS.....		03/20/2019..	Paydown.....	XXX	79,082	79,082	79,075	79,078	0	3	0	3	0	79,082	0	0	0	144	02/20/2020..	1FE
60516G-FN-4.	BANK OF AMERICA CORP.....		02/15/2019..	INTL FCBStone L.P.....	XXX	1,985,680	2,000,000	1,971,800	1,974,698	0	2,635	0	2,635	0	1,977,333	0	8,347	8,347	14,875	04/21/2020..	1FE
118230-AH-4.	BUCKEYE PARTNERS LP.....		02/19/2019..	VARIOUS.....	XXX	506,630	500,000	524,265	508,769	0	(1,861)	0	(1,861)	0	506,908	0	(6,908)	(6,908)	20,609	08/15/2019..	2FE
12636W-AB-2.	CNH 17A A2 - ABS.....		02/15/2019..	Paydown.....	XXX	220,330	220,330	220,029	220,277	0	53	0	53	0	220,330	0	0	0	389	07/15/2020..	1FE
13607R-AB-6.	CANADIAN IMPERIAL BANK OF COMMERCE.....	C	02/27/2019..	CIBC OPPENHEIMER.....	XXX	1,243,225	1,250,000	1,232,275	1,240,348	0	2,301	0	2,301	0	1,242,649	0	576	576	9,722	09/06/2019..	1FE
136451-AB-7.	CPART 181 A2A - ABS.....	A	03/19/2019..	Paydown.....	XXX	54,341	54,341	54,340	54,341	0	0	0	0	0	54,341	0	0	0	135	08/19/2020..	1FE
13974L-AD-0.	AFIN 154 A4 - ABS.....		03/20/2019..	Paydown.....	XXX	572,761	572,761	573,007	572,797	0	(37)	0	(37)	0	572,761	0	0	0	1,533	07/20/2020..	1FE
13976A-AD-2.	AFIN 163 A3 - ABS.....		03/20/2019..	Paydown.....	XXX	300,723	300,723	300,183	300,626	0	97	0	97	0	300,723	0	0	0	548	08/20/2020..	1FE
14149Y-AZ-1.	CARDINAL HEALTH INC.....		03/05/2019..	Morgan Stanley.....	XXX	796,984	800,000	803,696	801,234	0	(253)	0	(253)	0	800,981	0	(3,997)	(3,997)	5,973	11/15/2019..	2FE
14314J-AC-4.	CARMX 171 A3 - ABS.....		03/15/2019..	Paydown.....	XXX	153,469	153,469	154,189	153,712	0	(243)	0	(243)	0	153,469	0	0	0	266	11/15/2021..	1FE
172967-JJ-1.	CITIGROUP INC.....		02/12/2019..	CREDIT SUISSE SECURITIES (USA).....	XXX	696,633	700,000	701,701	700,653	0	(68)	0	(68)	0	700,585	0	(3,952)	(3,952)	8,213	02/18/2020..	2FE
225460-AN-7.	CREDIT SUISSE AG (NEW YORK BRANCH).....	C	02/11/2019..	OPPENHEIMER & CO. INC.....	XXX	1,748,408	1,750,000	1,744,313	1,747,753	0	642	0	642	0	1,748,395	0	13	13	8,274	05/28/2019..	1FE
24703F-AC-0.	DEFT 171 A3 - ABS.....		03/22/2019..	Paydown.....	XXX	455,084	455,084	455,066	455,079	0	5	0	5	0	455,084	0	0	0	966	04/22/2022..	1FE
34531C-AD-2.	FORDO 16C A3 - ABS.....		03/15/2019..	Paydown.....	XXX	221,969	221,969	220,174	221,485	0	484	0	484	0	221,969	0	0	0	242	03/15/2021..	1FE
36255K-AB-7.	GMALT 182 A2A - ABS.....		03/20/2019..	Paydown.....	XXX	77,677	77,677	77,676	77,677	0	1	0	1	0	77,677	0	0	0	209	07/20/2020..	1FE

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol/Market Indicator ^(a)
40414L-AH-2	HCP INC.		03/06/2019.	WELLS FARGO SECURITIES LLC.	XXX	698,061	700,000	703,311	701,076	0	(231)	0	(231)	0	700,845	0	(2,784)	(2,784)	11,076	02/01/2020.	2FE
404280-AK-5	HSBC HOLDINGS PLC	C	02/15/2019.	CHASE SECURITIES INC.	XXX	2,083,080	2,000,000	2,076,900	0	0	(3,130)	0	(3,130)	0	2,073,770	0	9,310	9,310	38,250	04/05/2021.	1FE
42217K-AY-2	WELLTOWER INC.		03/18/2019.	Call @ 100.00	XXX	700,000	700,000	725,935	700,000	0	0	0	0	0	700,000	0	0	0	13,395	04/01/2019.	2FE
43813F-AB-9	HAROT 174 A2 - ABS.		03/21/2019.	Paydown.	XXX	270,041	270,041	270,024	270,038	0	3	0	3	0	270,041	0	0	0	536	01/21/2020.	1FE
43814R-AC-0	HAROT 164 A3 - ABS.		03/18/2019.	Paydown.	XXX	255,901	255,901	253,794	255,242	0	659	0	659	0	255,901	0	0	0	278	12/18/2020.	1FE
44931P-AB-2	HAROT 17A A2A - ABS.		01/15/2019.	Paydown.	XXX	45,014	45,014	45,014	45,014	0	0	0	0	0	45,014	0	0	0	56	02/18/2020.	1FE
44932H-AK-9	IBM CREDIT LLC.		02/15/2019.	CHASE SECURITIES INC.	XXX	1,515,090	1,500,000	1,500,045	1,500,045	0	0	0	0	0	1,500,044	0	15,046	15,046	11,500	11/30/2020.	1FE
45866F-AC-8	INTERCONTINENTAL EXCHANGE INC.		02/15/2019.	CITIGROUP GLOBAL MARKETS	XXX	1,495,395	1,500,000	1,485,750	1,486,176	0	968	0	968	0	1,487,145	0	8,250	8,250	9,052	12/01/2020.	1FE
65478H-AB-4	NAROT 17C A2A - ABS.		03/15/2019.	Paydown.	XXX	375,044	375,044	374,824	374,960	0	84	0	84	0	375,044	0	0	0	651	10/15/2020.	1FE
74834L-AW-0	GUEST DIAGNOSTICS INC.		03/26/2019.	PERSHING LLC.	XXX	796,176	800,000	803,232	801,279	0	(257)	0	(257)	0	801,021	0	(4,845)	(4,845)	9,889	03/30/2020.	2FE
80285A-AC-9	SRT 17A A2A - ABS.		03/20/2019.	Paydown.	XXX	250,150	250,150	250,121	250,144	0	6	0	6	0	250,150	0	0	0	531	03/20/2020.	1FE
806851-AC-5	SCHLUMBERGER HOLDINGS CORP.		03/26/2019.	Morgan Stanley.	XXX	702,856	700,000	715,491	707,941	0	(977)	0	(977)	0	706,965	0	(4,109)	(4,109)	5,658	12/21/2020.	2FE
857477-AS-2	STATE STREET CORP.		02/15/2019.	INTL FCBstone L.P.	XXX	1,494,450	1,500,000	1,480,470	1,481,150	0	1,546	0	1,546	0	1,482,696	0	11,754	11,754	19,338	08/18/2020.	1FE
88161N-AA-7	TESLA 18B A - ABS.		03/20/2019.	Paydown.	XXX	26,787	26,787	26,785	26,785	0	2	0	2	0	26,787	0	0	0	77	08/20/2021.	1FE
891140-BJ-6	TORONTO-DOMINION BANK	C	02/27/2019.	OPPENHEIMER & CO. INC.	XXX	497,460	500,000	493,550	496,204	0	984	0	984	0	497,188	0	272	272	3,988	08/13/2019.	1FE
891140-BX-5	TORONTO-DOMINION BANK	C	02/15/2019.	INTL FCBstone L.P.	XXX	2,484,300	2,500,000	2,476,125	0	0	1,093	0	1,093	0	2,477,218	0	7,082	7,082	36,302	01/25/2021.	1FE
92276M-BB-0	VENTAS REALTY LP.		02/19/2019.	KEYBANC CAPITAL MARKETS	XXX	697,858	700,000	705,103	702,453	0	(339)	0	(339)	0	702,114	0	(4,256)	(4,256)	7,350	04/01/2020.	2FE

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

E05.1

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

STATEMENT AS OF MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter[illegible]



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2019 OF THE WellCare Health Insurance Company of Kentucky, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....01199

NAIC Company Code.....64467

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	21,414,859	XXX		XXX	21,414,859
2. Earned Premiums.....	18,879,764	XXX		XXX	XXX
3. Claims Paid.....	60,981,442	XXX		XXX	60,981,442
4. Claims Incurred.....	22,201,933	XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	XXX		XXX		0
6. Aggregate Policy Reserves - Change.....	(4,943,569)	XXX		XXX	XXX
7. Expenses Paid.....	(2,161,923)	XXX		XXX	(2,161,923)
8. Expenses Incurred.....	2,732,379	XXX		XXX	XXX
9. Underwriting Gain or Loss.....	(1,110,979)	XXX	0	XXX	XXX
10. Cash Flow Result.....	XXX	XXX	XXX	XXX	(37,404,660)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 3,324,710 due from CMS or \$ 58,759,015 due to CMS